

Frameworks

M&E for HIV/AIDS Programs

3 April , 2006



Session Outline

- Introduction to frameworks
- Conceptual frameworks
- Results Frameworks
- Logical Framework
- Hands on activity: developing frameworks

M&E Frameworks

- Designing M&E Frameworks assists in the development of:
 - Clearly understood program/project goals and measurable, long-term, short-term, and intermediate objectives
 - Clearly defined relationships between program/project inputs, processes, outputs, and outcomes,
 - And between program/project activities and the external context (environmental factors)
 - Sound implementation and sound M&E plans

Many names, many types of frameworks: Conceptual, Results, Logical

- All types of M&E frameworks:
 - Inter-relate components, levels and directions of action
 - Enable understanding of how:
 - programs influence health outcomes (conceptual framework)
 - programs should operate (logical framework)
 - Programs achieve goals (results)
 - Facilitate consensus building around a common paradigm

Learning Objectives

- At the end of this session, participants will be able to:
- Understand why and how conceptual frameworks are useful for understanding programs and planning M&E
- Describe the role of conceptual frameworks in program design, program evaluation, and evaluation research.
- Describe the components of conceptual frameworks
- Design a conceptual framework to be most useful for M&E planning
- Design a conceptual framework for an intervention program

Conceptual Frameworks

Conceptual Framework:

Conceptual, or “research”, frameworks are diagrams that identify and illustrate the relationships among all relevant systemic, organizational, individual, or other salient factors that may influence program/project operation and the successful achievement of program or project goals.

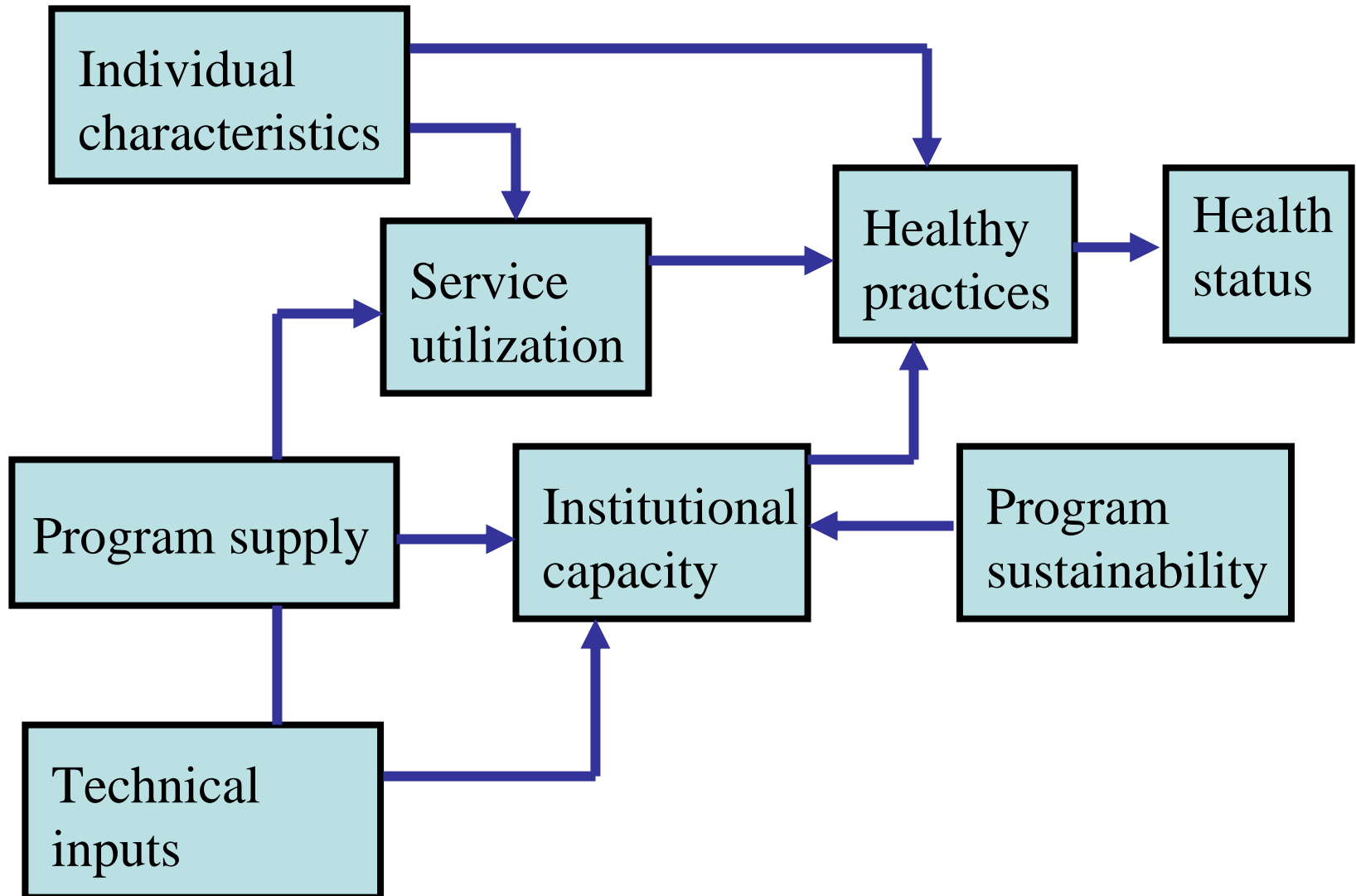
Purpose:

- Provides a perspective for understanding program objectives within a complete context of relevant factors in a program’s operating environment
- Clarifies analytical assumptions and their implications for program possibilities or limitations on success, as well as measuring and analyzing that degree of success

Conceptual Frameworks

- Makes explicit connections among relevant contextual (environmental) factors and your program
- Helps to clarify the “why” and “how” questions of program operation and design:
 - Assumptions that underlie the chosen activities
 - Factors the activities are expected to affect
 - Causal linkages leading to achievement of program objectives
- Guides identification of appropriate indicators

Conceptual Frameworks



Conceptual frameworks take many forms

- No standard format –
 - preferences differ across disciplines, e.g., epidemiology, sociology, medical/clinical, economics
- Not always in diagram form (text, equations)
- Diagrams often translated into mathematical formulas for statistical analysis

Proximate Determinants:

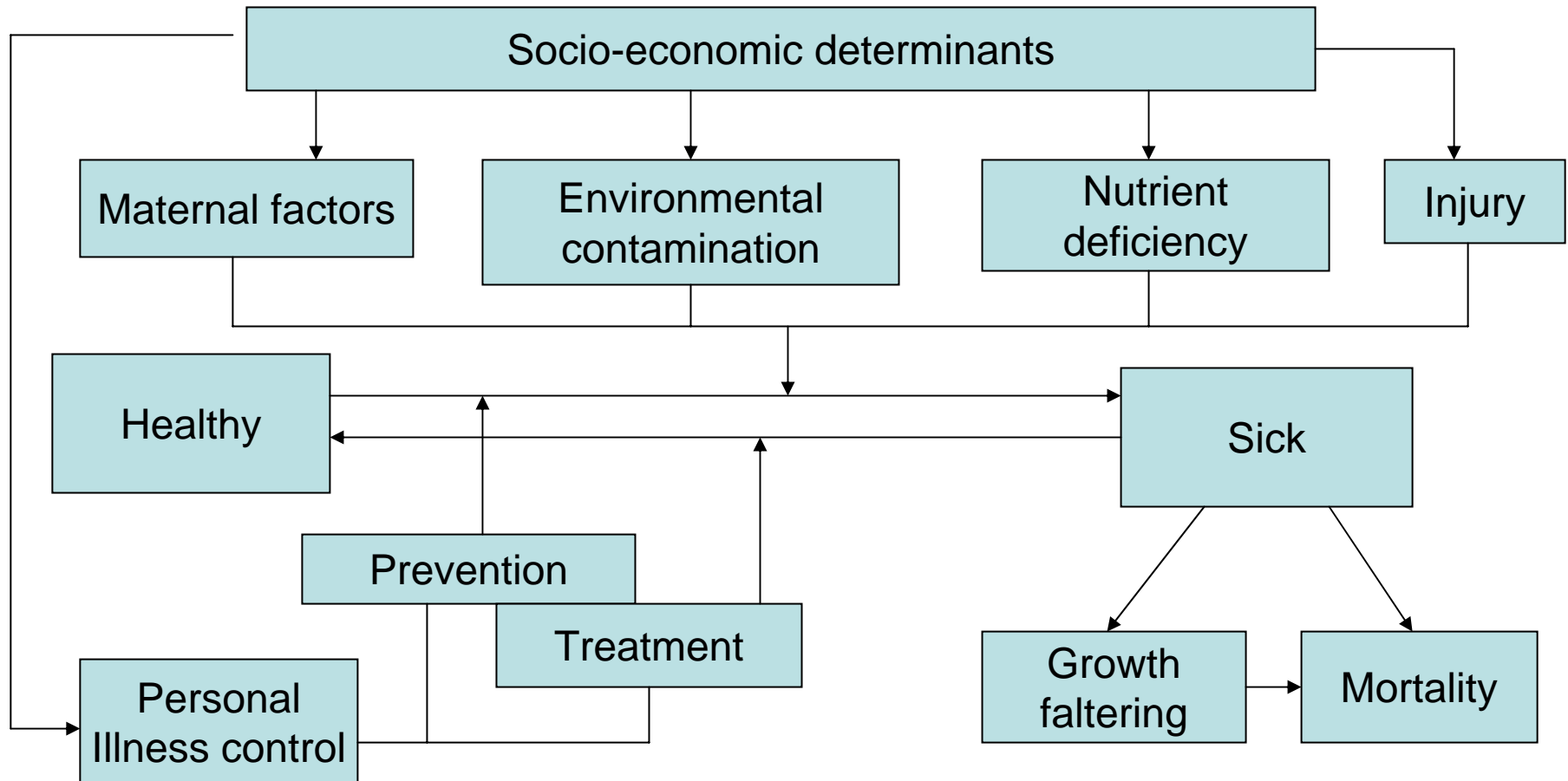
Mosely and Chen (child survival)

- Premise: factors leading to outcome (death) operate through set determinants (fertility)
- Determinants grouped in proximity to outcome with socioeconomic factors farthest away, biological closest
- “Proximate” determinants directly influence biological; “intermediate” position
- Basis for future models

Five Groups of proximate determinants

- Maternal
 - Age, parity, birth interval
- Environmental contamination
 - air, food/water/fingers, skin/soil/inanimate objects, insects
- Nutrient deficiency
 - Calories, protein, micronutrients
- Injury
- Personal illness control
 - Preventive measures, medical treatment

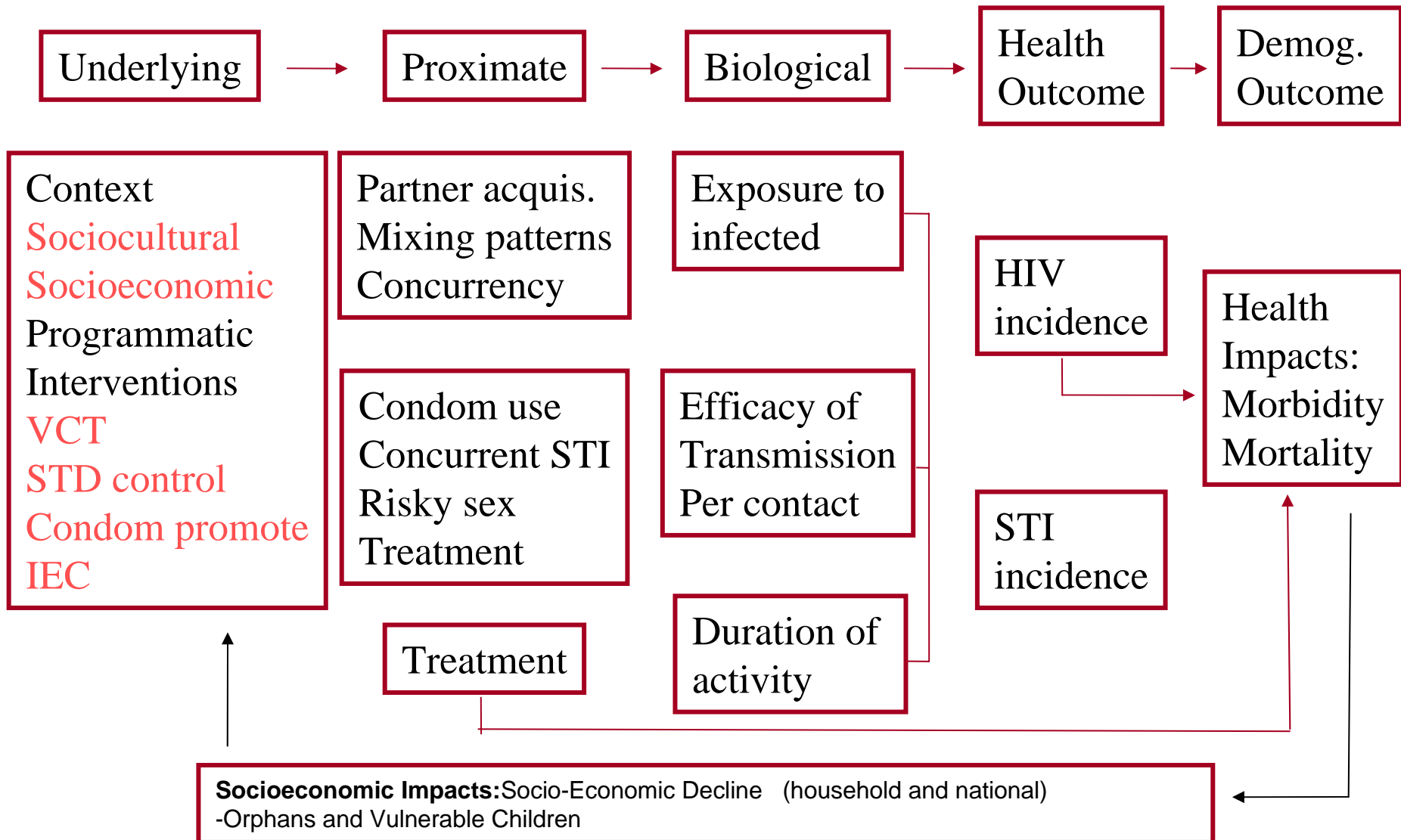
Mosley-Chen: Proximate Determinants of Child Health / Child Survival



Proximate Determinants: HIV/STI Morbidity and Mortality (Boerma and Weir)

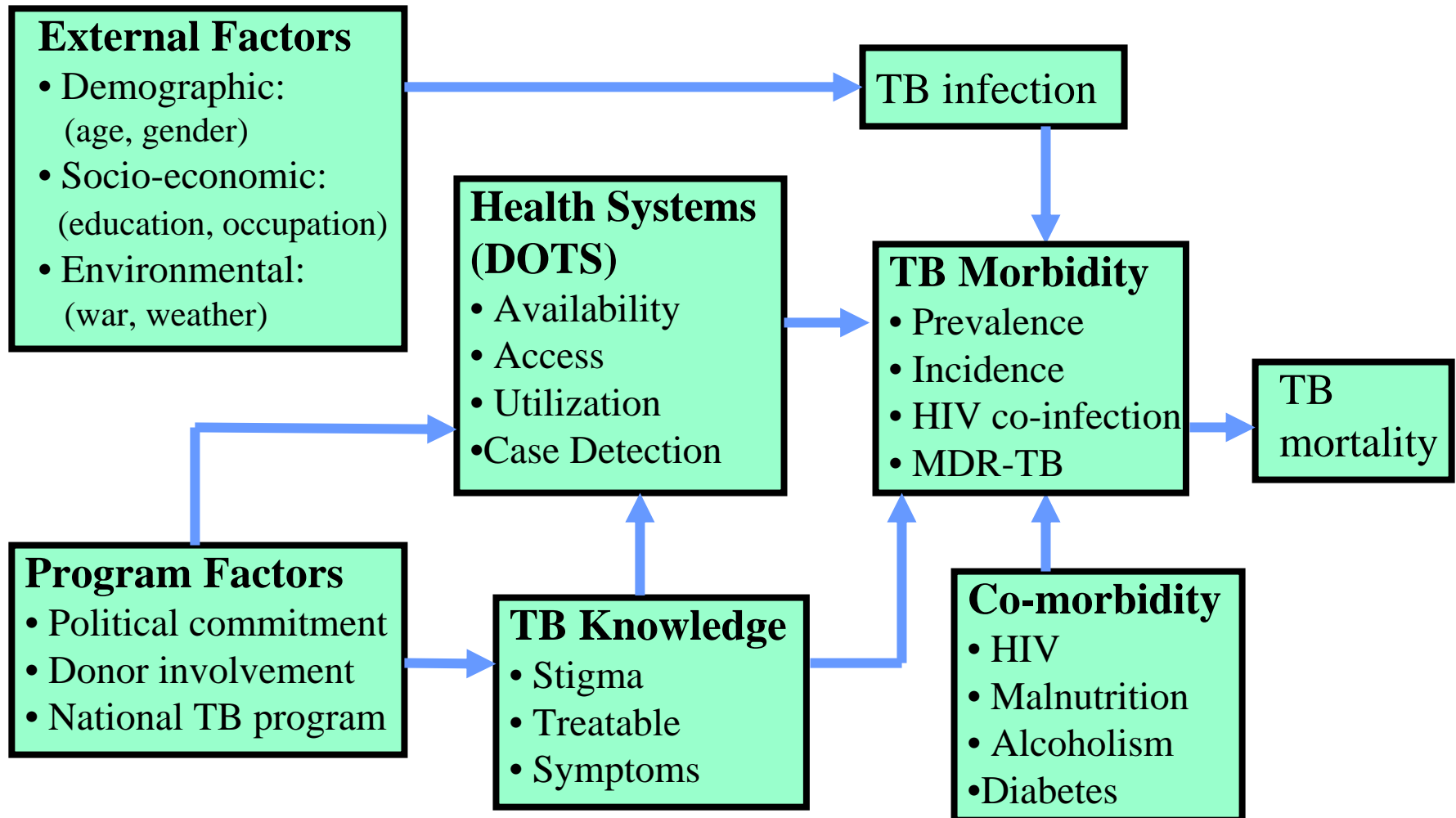
- Premise: HIV frameworks lack wider factors
 - Combine Epidemiological, demographic, social & other factors
- Underlying determinants
 - Socioeconomic and socio-cultural context (personal and community)
 - Health programs: VCT, ARV, STD control, condom promotion, IEC
- Proximate determinants (use of interventions/programs)
 - Partner acquisition, mixing patterns, concurrency, abstinence
 - Condom use, STI present, risky practices, STI treatment
 - Treatment
- Biological Determinants
 - Rate of contact btw susceptible to infected
 - Efficiency of transmission
 - Duration of activity
- Outcomes: HIV incidence, STI incidence, Mortality

Proximate Determinants Model for HIV/STI



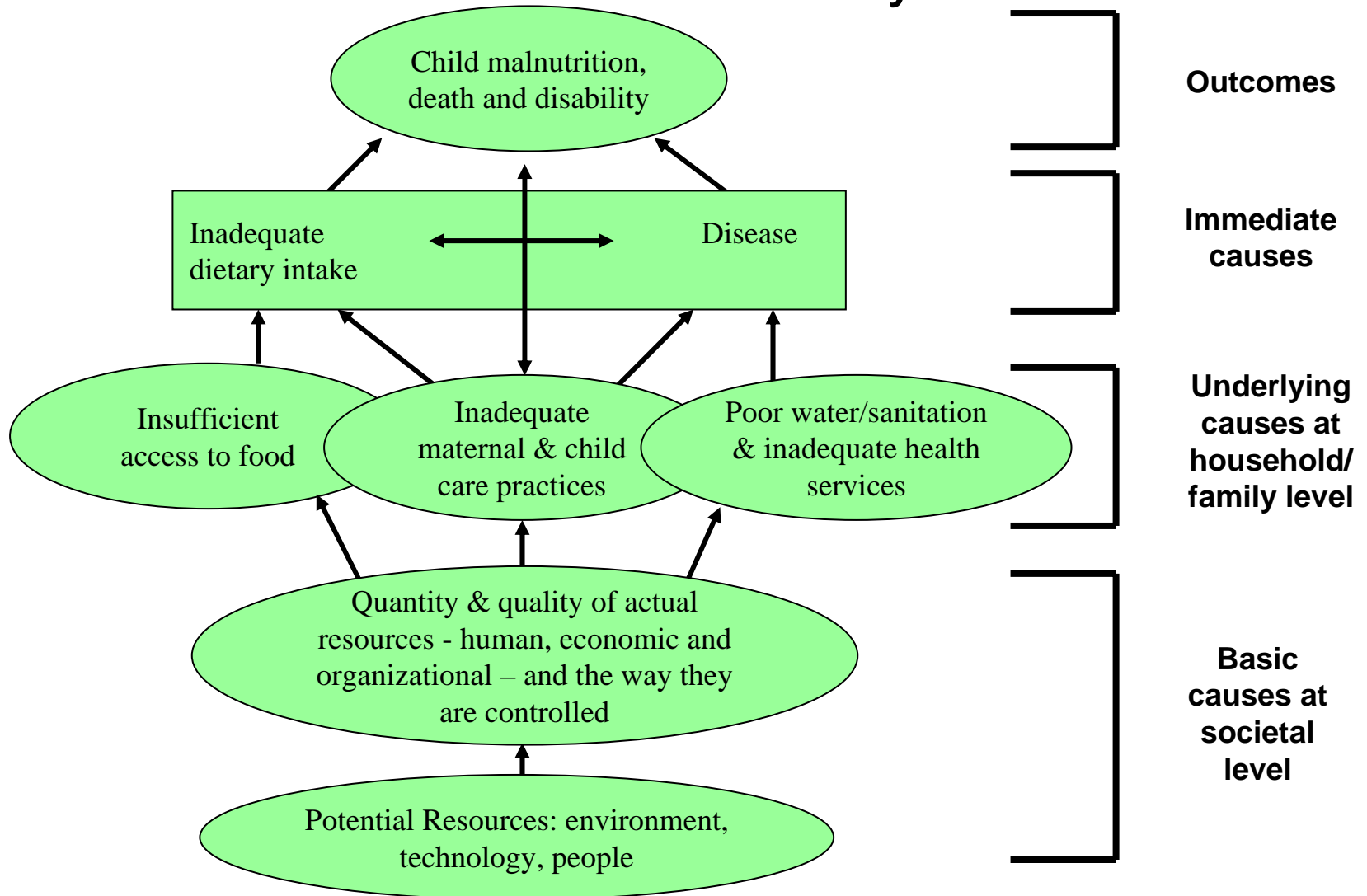
Conceptual Frameworks

National Tuberculosis (TB) Program



Conceptual Frameworks

Causes of malnutrition in society



Source: UNICEF, *State of the World's Children*, 1998

Summary

- To show where program fits into wider context
- To clarify assumptions about causal relationships
- To show how program components will operate to influence outcomes
- To guide identification of indicators
- To guide impact analysis (causal pathways)

M&E STRATEGIC (RESULTS) FRAMEWORKS

Strategic or Results Framework:

Strategic/Results frameworks are diagrams that identify steps, or levels, of results, and illustrate the causal relationships linking all levels of a program's objectives.

Purposes:

- Provides a clarified focus on the causal relationships that connect incremental achievement of results to the comprehensive program impact
- Clarifies project/program mechanics and factors' relationships that suggest ways and means of objectively measuring the achievement of desired ends

Goals and Objectives

- Goal:
 - A broad statement of a desired, long-term outcome of the program
- Objectives:
 - statements of desired, specific, realistic and measurable program results

SMART

- **Specific:** identifies concrete events or actions that will take place
- **Measurable:** quantifies the amount of resources, activity, or change to be expended and achieved
- **Appropriate:** logically relates to the overall problem statement and desired effects of the program
- **Realistic:** Provides a realistic dimension that can be achieved with the available resources and plans for implementation
- **Time-based:** specifies a time within which the objective will be achieved

Goals and Objectives

National AIDS Committee (NAC) 2005 Strategic Plan

- **Goal:** Prevent the spread of HIV epidemic and minimise its impact on nation by 2009
- **Objective 1:** Reduction of HIV prevalence in nation
- **Objective 2:** Improved health & quality of life of people infected & affected by HIV/AIDS
- **Objective 3:** Strengthened capacity of NAC & stakeholders to respond to the HIV/AIDS epidemic at all levels through improved research, M&E and improved management & coordination

Terminology !

Higher
Level

Goal

Goal

Second
Level

Strategic
Objective

Objective

Third
Level

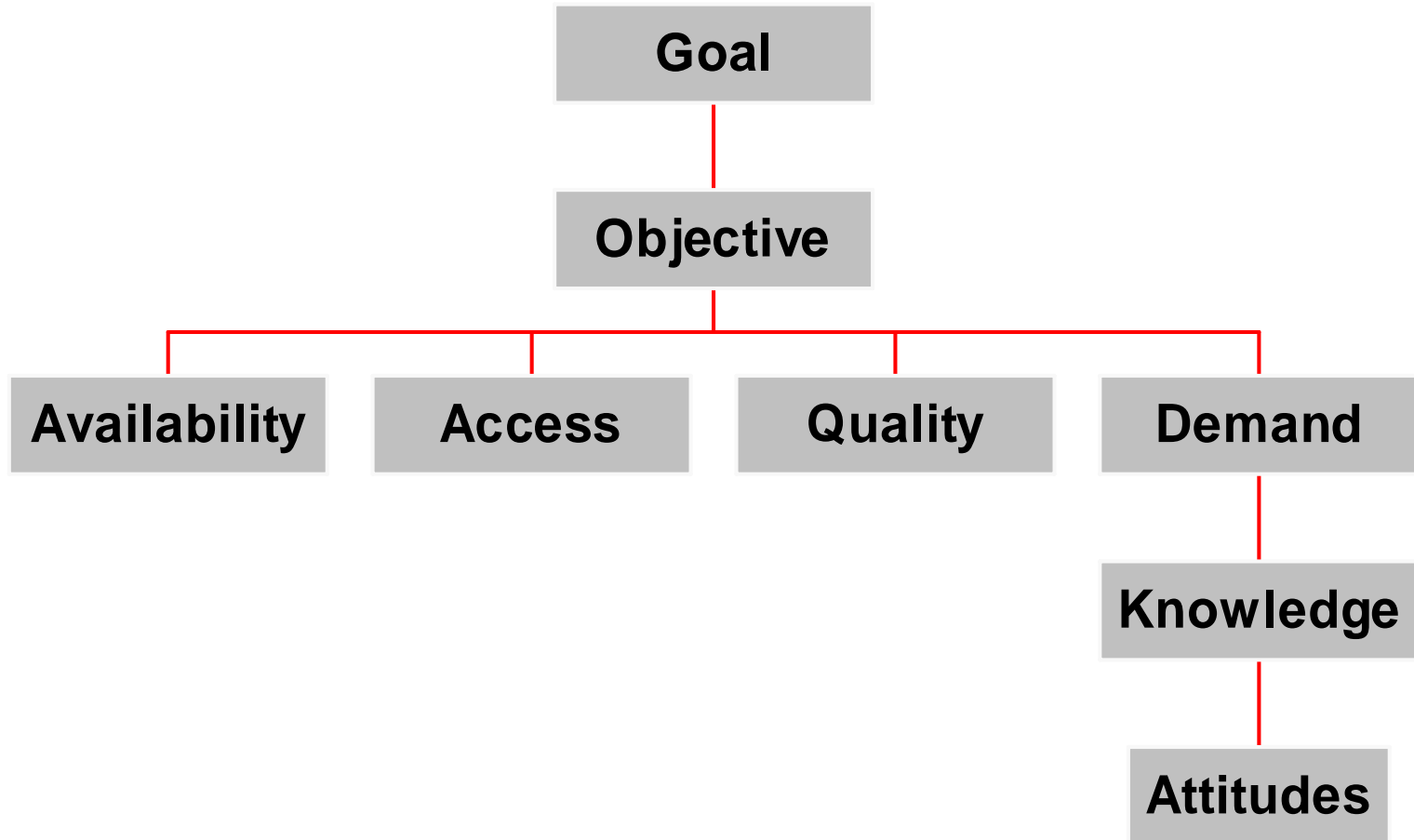
Intermediate
Result

Program
Outcome

Results Frameworks

- Presents program strategy for achieving specific objective
- Usually presented as diagram, explained with text
- Includes objective and intermediate results
- Includes assumptions behind hypothesis (why the program/strategy is expected to work)
- Both a planning and management tool

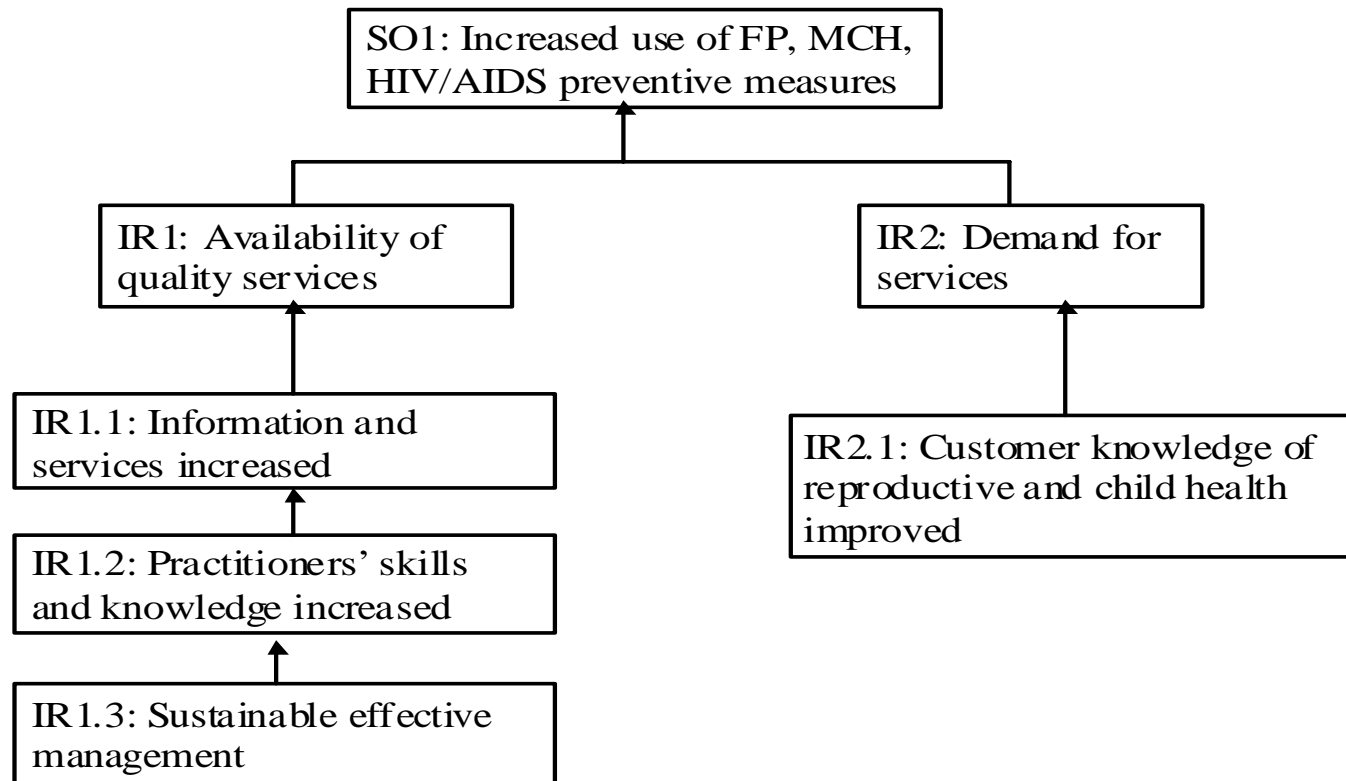
Hierarchy of Program Dimensions



Health & Family Planning Results Framework



EXAMPLE: STRATEGIC OR RESULTS FRAMEWORK



Maternal and Child Survival Through Local Women Health Workers: Testing Innovative Strategies for the Hills of Nepal

Goal 1: Sustained reduction in under five and maternal mortality in Nuwakot District.

Goal 2: CS-15 strategies improve MCH programming in other district after “uptake” by MOH, donors, or NGOs.

Result 1: Increased practice at household level of selected emphasis behaviors for M/C survival.

Result 2: Institutionalized sustainable local MOH and community support for local women health workers.

Result 3: OR findings indicate CS-15 strategies can improve MCH programming in other districts.

IR 1: Increased household **Access** to selected M/C survival services.

- BEOC available through MCHWs in 90% of SHPs.
- Depo Provera available through VHWs in 90% of VDCs.
- PCM available through FCHVs in 90% of wards.

IR 2: Improved **Quality** of selected M/C survival services.

- 90% of trained MCHWs competent in MNC/BEOC.
- 90% of VHWs competent in FP counseling.
- 80% of trained FCHVs correctly assess, treat, counsel for pneumonia.
- 80% of caretakers feed proper dose and course of

IR 3: Increased Demand at HH level for selected M/C survival services.

- 100% increase in ANC, delivery, and PP cases seen by MCHWs.
- 25% increase of baseline CYP (i.e. 4,000 to 5,000).
- 0.2 to 0.7 episodes of pneumonia treated per child per year through CS-15.

IR 4: Regular HF Support of local women HWs (continues after SC staff depart HFs).

- 90% of HFs regularly provide essential supplies to FCHVs & MCHWs.
- 70% of VHWs provide regular feedback and skill development to FCHVs.
- 80% of HFs submit quarterly reports of FCHV activities correctly and on time.
- 80% of HFs conduct assessments and make plans to improve quality

IR 5: **OR** findings used to improve program strategies (supports other IRs, results, & goals).

- Documented results of training and support to MCHWs in MNC/BEOC.
- Documented results of cotrimoxazole sale by FCHVs.
- Documented results of working with VDCs to increase community support for local health services.
- Documented results of orienting traditional healers to refer

Results Frameworks: Key Elements

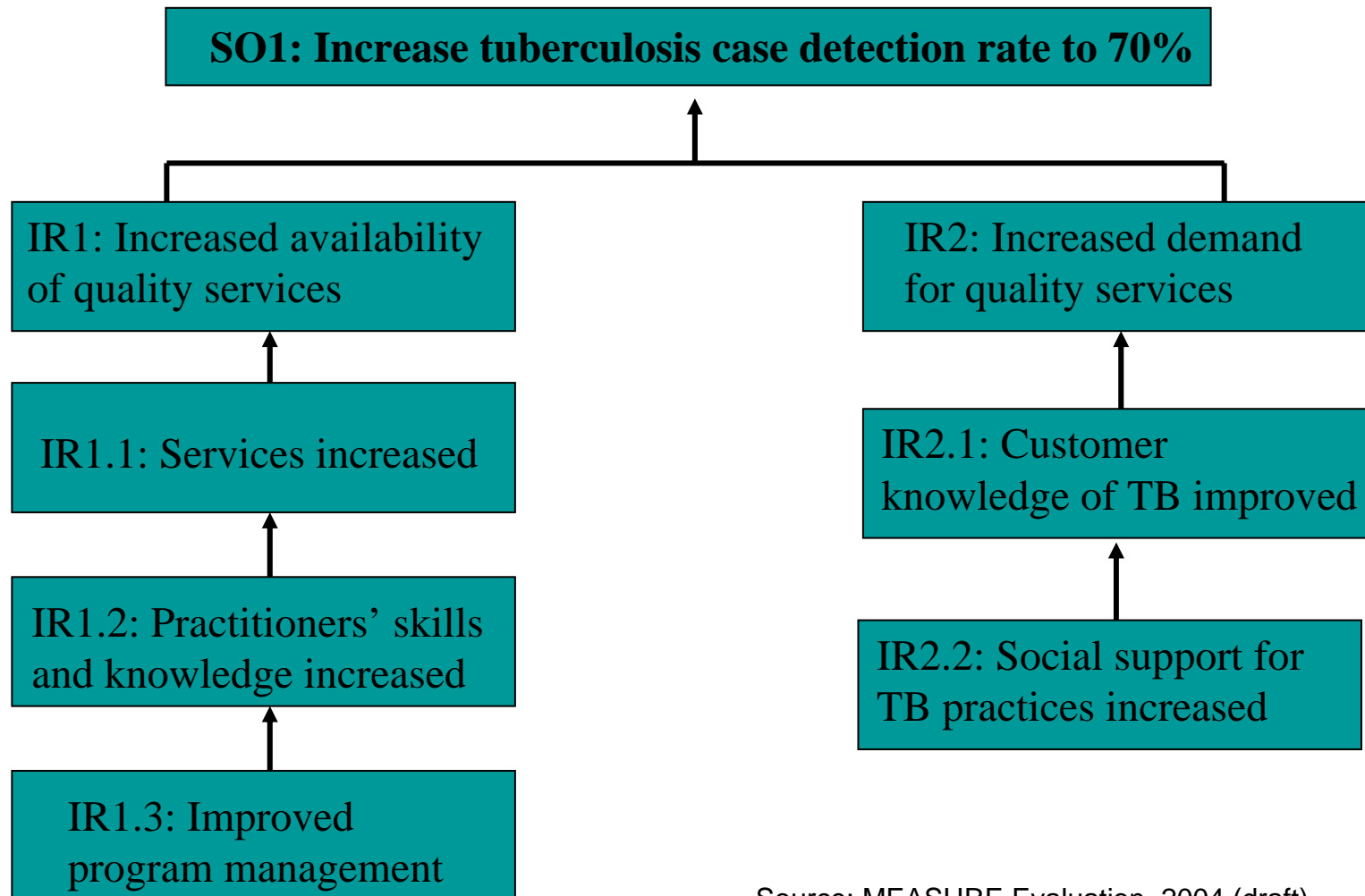
- Strategic Objective
 - Should be appropriate & realistic
 - Balance ambition and accountability
- Intermediate Results
 - Smaller goals
 - Integral to achieving SO
- Hypothesized cause-effect (based on conceptual theory) linkages
 - Flow from one intermediate result or to many
 - Move “up” in the results framework
- Critical assumptions
 - Relative to the achievement of the SO
 - General condition which holds true for SO to be achieved
 - Be realistic!

Results Frameworks: basis for programmatic process

- Agreement within operating unit and donor expectations
- Selecting appropriate indicators for the M&E system
- Use performance information for management decisions
- Analyzing and reporting on program results

Results Frameworks

Tuberculosis (TB) Control Programs



Source: MEASURE Evaluation, 2004 (draft)

Logical frameworks

M&E for HIV/AIDS Programs

Logical Frameworks

Present a standardized summary of the project and its logic.

Purposes:

- Summarizes what the project intends to do and how
- Summarizes key assumptions
- Summarizes outputs and outcomes that will be monitored and evaluated

Other terms used:

- Logframe matrix

M&E LOGICAL FRAMEWORKS

Logical Framework:

Logical frameworks are diagrams that identify and illustrate the linear relationships flowing from program inputs, processes, outputs, and outcomes. Inputs or resources affect Processes or activities which produce immediate results or Outputs, ultimately leading to longer term or broader results, or Outcomes.

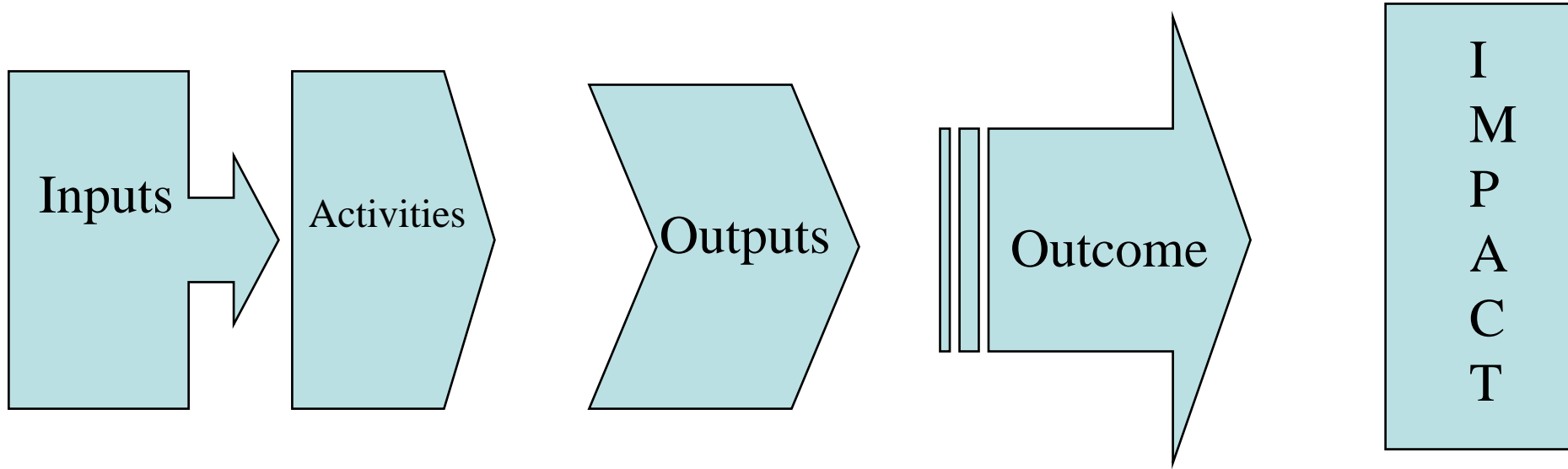
Purposes:

- Provides a streamlined interpretation of planned use of resources and desired ends
- Clarifies project/program assumptions about linear relationships between key factors relevant to desired ends

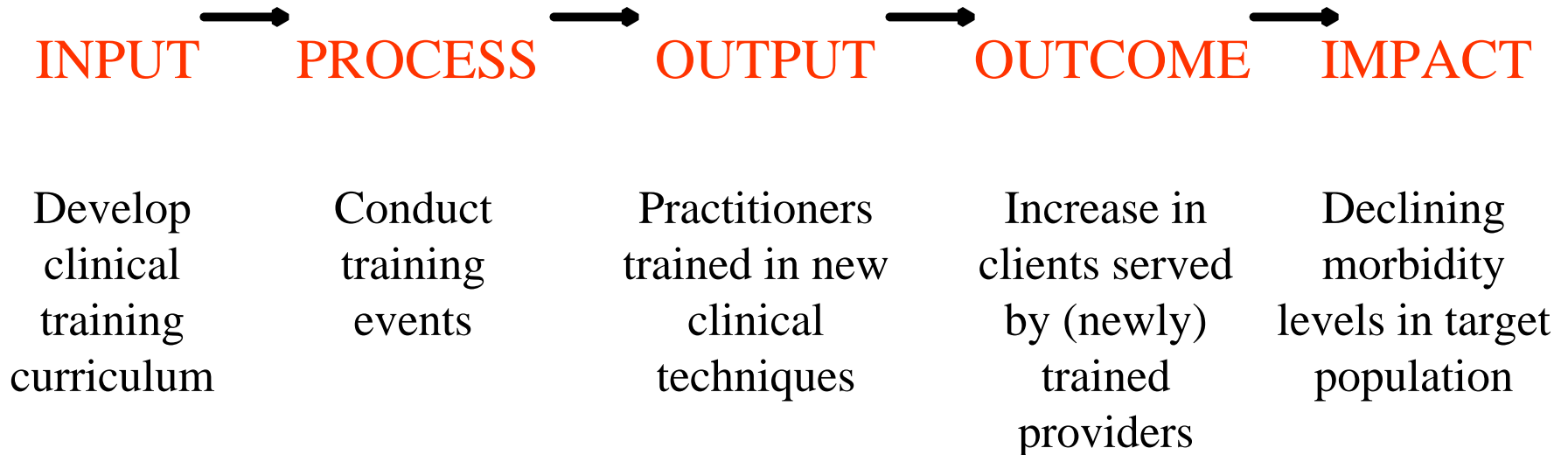
Making your own

- Stakeholder analysis
- Problem analysis
- Objective analysis
- selection of preferred implementation strategy

Log frame

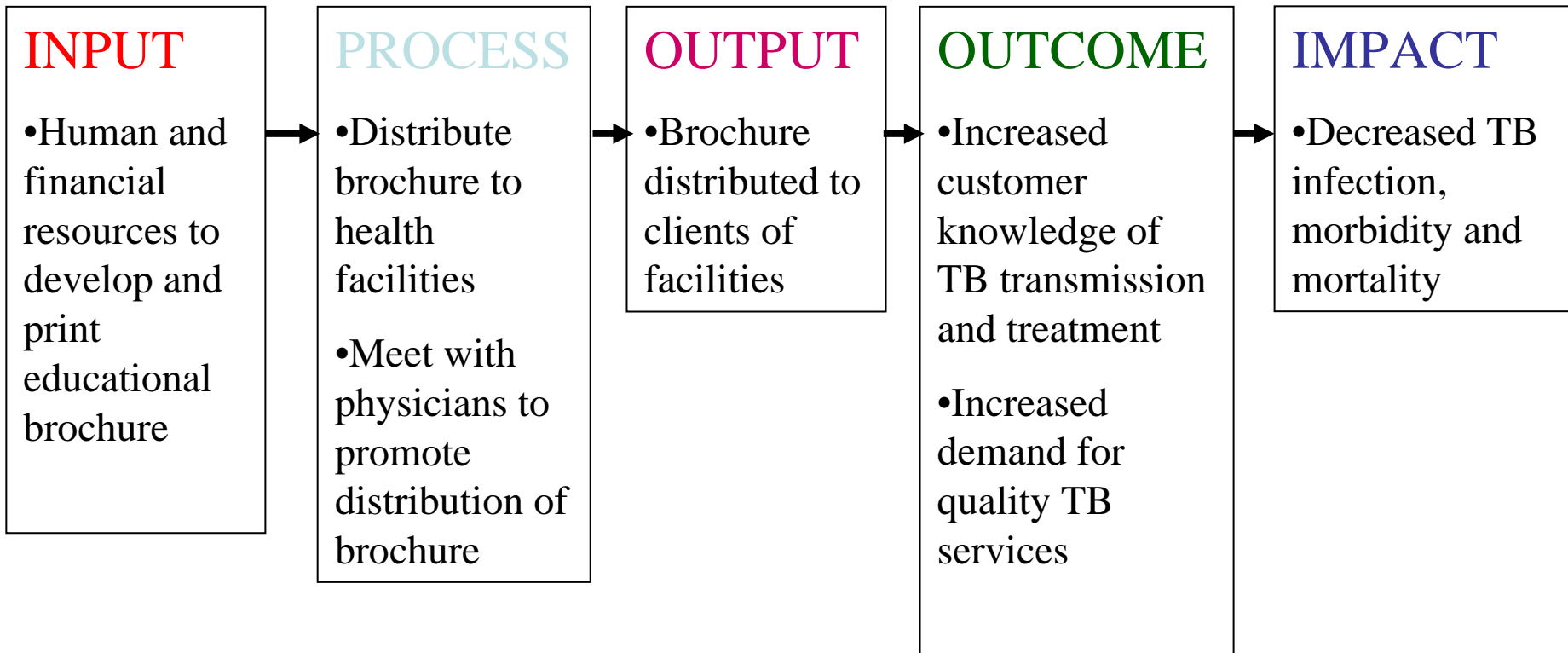


Logic Models: Training



Logic Model

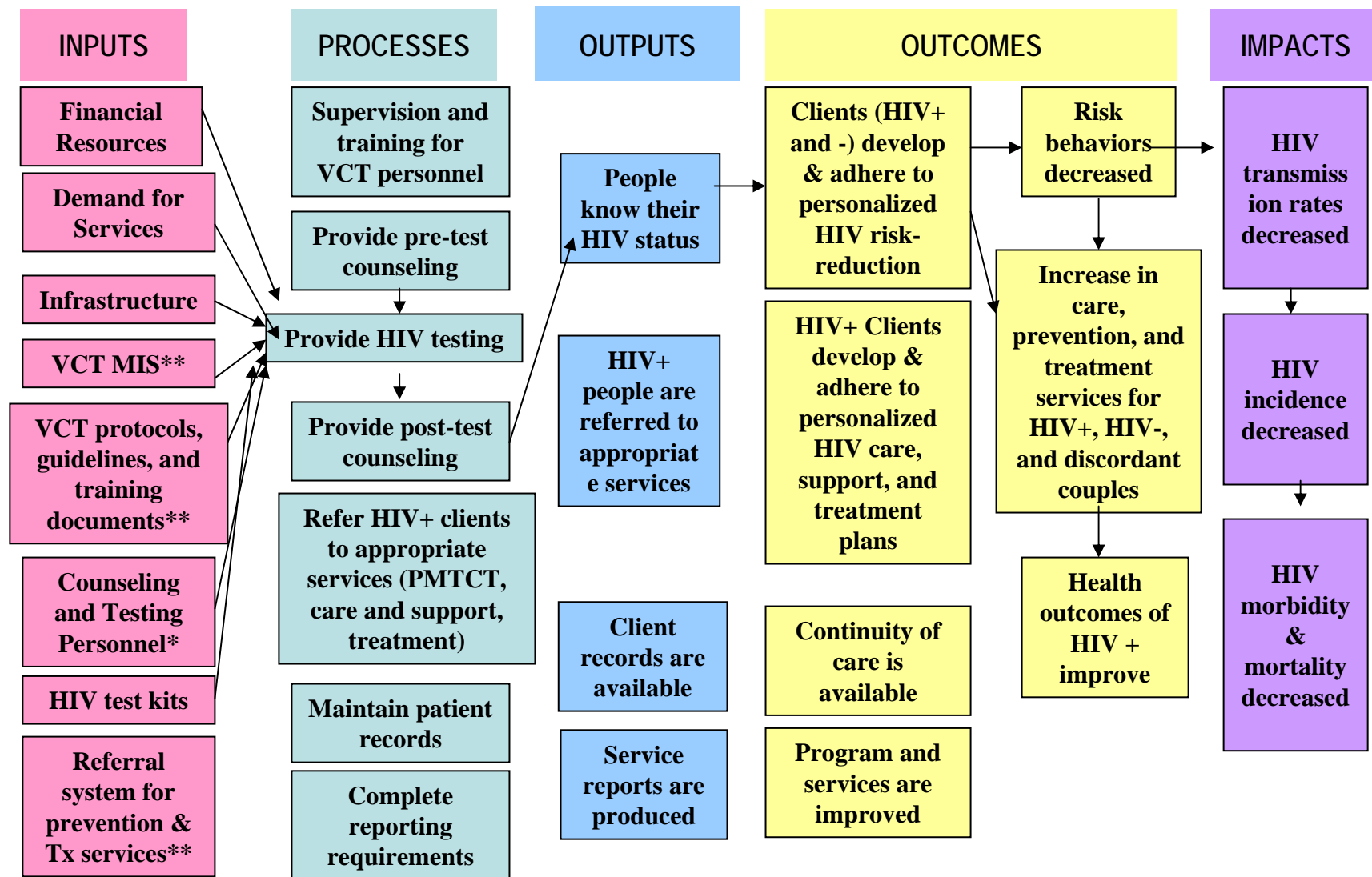
Portion of model for tuberculosis control relating to increasing demand for quality services



Logic Models

Voluntary Counseling and Testing (VCT)

Problem Statement: HIV infection rates continue to rise, underscoring the importance for people to know their serostatus, develop personalized risk-reduction strategies, and access care and treatment services.



Frameworks for M&E Planning

- Purposes:
 - clarifying assumptions, goals, and interrelationships between factors relevant to the project or program
 - defining objectives
 - selecting activities
 - defining levels of performance and desired results in terms of planned activities and realistic, objective impacts
- Monitoring and evaluation plans incorporate:
 - program managers' assumptions and objectives, in a given context
 - a schematic design displaying the directional linkages between key program elements and/or planned results, and other relevant factors

M&E FRAMEWORKS

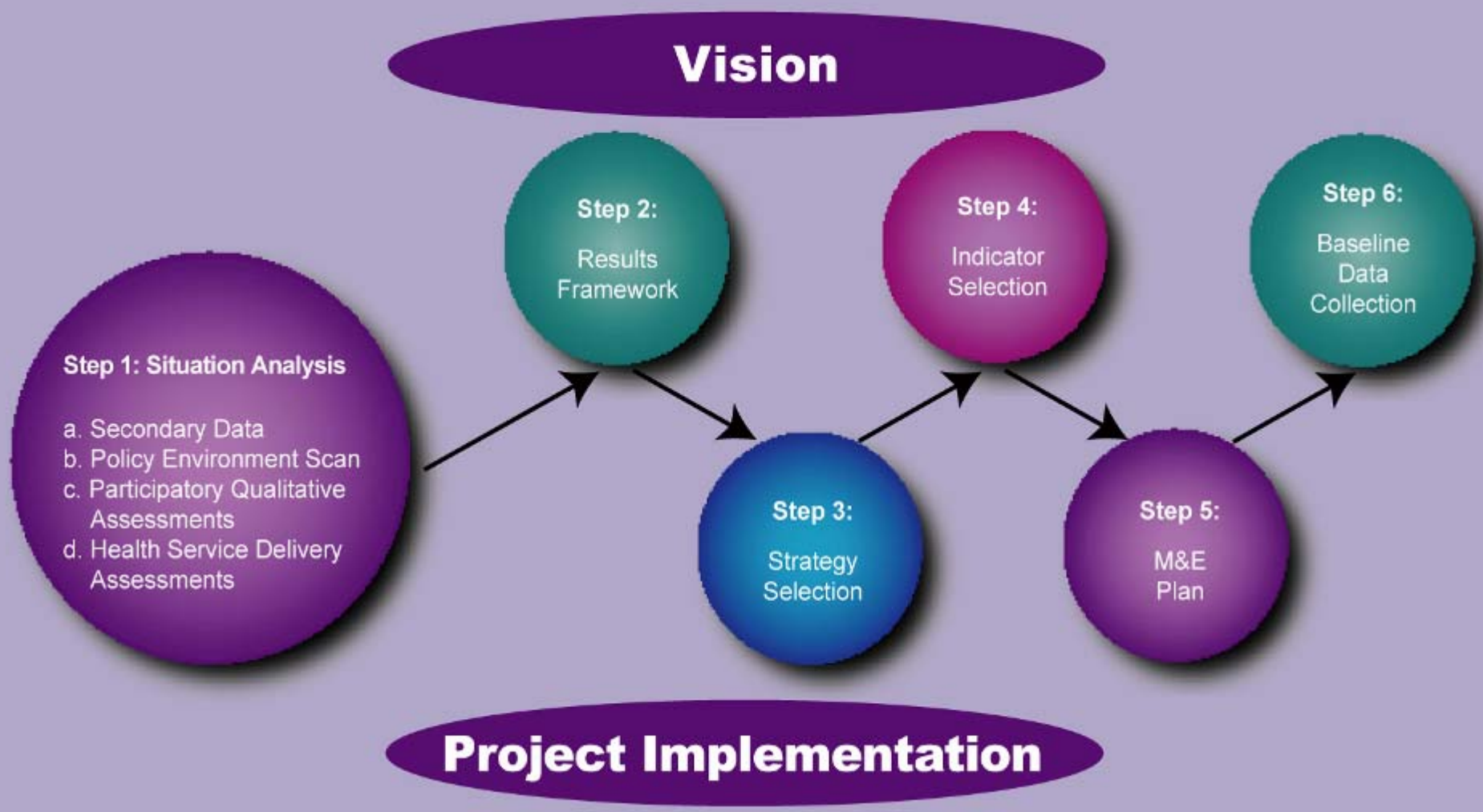
Designing an M&E framework assists in determining:

Appropriate program elements to measure

Appropriate indicators and data

Appropriate methodology

Steps in the Design Process



Summary of Frameworks

Type of Framework	Brief Description	Program Management	Basis for Monitoring and Evaluation
Conceptual	Interaction of various factors	Determine which factors the program will influence	No. Can help to explain results
Results	Logically linked program objectives	Shows the causal relationship between program objectives	Yes – at the objective level
Logic model	Logically links inputs, processes, outputs, and outcomes,	Shows the causal relationship between inputs and the objectives	Yes – at all stages of the program from inputs to process to outputs to outcomes/ objectives

References

- Measure : A trainers guide to the fundamentals of Monitoring and Evaluation for population, health, and Nutrition Programs. 2002. Carolina Population Centre. Chapel Hill. NC.
- AusGuide. The Logical Framework Approach.
<http://www.usaid.gov/ausguide/ausguidelines/1-1-1.cfm>
- Bertrand, Jane T., Magnani, Robert J, and Rutenberg, Naomi, 1996. *Evaluating Family Planning Programs, with Adaptations for Reproductive Health*, Chapel Hill, N.C.: The EVALUATION Project.
- Global AIDS Program. (2003) *Monitoring and Evaluation Capacity Building for Program Improvement Field Guide, Version 1*. U.S. Centers for Disease Control and Prevention, Atlanta, GA.
- Marsh, David. 1999. Results Frameworks & Performance Monitoring. A Refresher by David Marsh (ppt)
<http://www.childsurvival.com/tools/Marsh/sld001.htm>
- Tsui Amy. 2004. Frameworks (ppt). Presented at the Bill & Melinda Gates Summer Institute. John Hopkins, Townson. Maryland.
- Tsui, Amy. 1999. Frameworks (ppt). Presented at the Summer Institute, University of North Carolina, Chapel Hill.
- UNICEF. 1998. *State of the World's Children*.